

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 831971 RECEIPT DATE: 05 / 16 / 01
IA NUMBER: PCT/ AU99 / 01024 IA FILING DATE: 11 / 18 / 99
FAMILY NAME: SAARLOOS DELAY WAIVED (Y/N): Y
GIVEN NAME: VAN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 18 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 8257.17US#0 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: BRIAN H BATZLI
MERCHANT & GOULD
STREET: P O BOX 2903
CITY: MINNEAPOLIS
STATE/COUNTRY: MN ZIP: 554020903
EMAIL:
APPLICATION TITLES:
LIMITED COHERENCE STEREO OPHTHALMOSCOPE

TAB TO LAST POSITION,PUSH SEND